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APPLICANTS

SVETOMIR N. MARKOVIC, ROCHESTER, MN;

** CONTINUING DATA *****

This appln claims benefit of 60/064,618 11/07/1997

SM

** FOREIGN APPLICATIONS *****

SM *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
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Verified and Acknowledged *SM* Examiner's Signature Initials

ADDRESS
 26191
 FISH & RICHARDSON P.C.
 PO BOX 1022
 MINNEAPOLIS , MN
 55440-1022

TITLE
 INTERFERON IMMUNOTHERAPY

FILING FEE RECEIVED 644	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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